10/01059/

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CYPR-CDOILGRY

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY TYPE TYPE			ITITY	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3 7 minus 20=		• 17			X\$ 9=		OR	X\$18=	306
INDEPENDENT CLAIMS			니 minus 3 =		•			X42=	-	OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT					-1-			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	•	TOTAL		OR	TOTAL	1130
CLAIMS AS AMENDED - PART II 12-30-02 (Column 1) (Column 2) CLAIMS HIGHEST						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 37	Minus	* 3	37	= /		X\$ 9=		OR	X\$18=	
AME	Independent	* 4 NTATION OF MI	Minus	***	4	= [. [X42=		OR	X84=	
L	THO! FRESE	NIAHON OF MIC	DESIFEE DES	ENDEN	CDAIN	!_	<u> </u>	+140=.		OR	+280=	
	- 44	· .		.				TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
9-	7-04	(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 37	Minus	* 3	7	= .		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	###	CLAINA		4 [X42=		OR	X84=	
	rinos Priese	WATER OF MIC	CHIP CE DEP	ENDEN	CEAIN		」 [+140=		ÓR	+280=	
7							, A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_>	21-05	(Column 1)		(Colur		(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON N	Total	. 37	Minus	** 3	37	-	11	X\$ 9=		OR	X\$18=	. 1
AME	Independent	• 4	Minus	***	4	= /	4 [X42=		OR	X84=	
_	rino i Phese	NTATION OF M	JUIPLE DEF	ENDEN	CLAIM		┚┟	+140=		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL		Λ <u>α</u> Ι	TOTAL	
***	If the "Highest Nu	mber Previously Particular Previously Partic	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		DDIT. FEE L	ropriate box		ADDIT. FEE I lumn 1,	